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# Agency Support for Self-care and Burnout among Licensed Social Workers

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# Agency Support for Self-care and Burnout among Licensed Social Workers

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St. Catherine University and the University of St. Thomas

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
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in Partial fulfillment of the Requirements for the Degree of  
Master of Social Work  
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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### **Abstract**

Social workers often work in stressful environments and experience secondary trauma through their clients. An examination of the available literature has found that social workers experience symptoms of burnout. Previous research also indicated that self-care is beneficial to decreasing stress levels in social workers. In this study, a quantitative and qualitative survey was distributed to licensed social workers in the state of Minnesota examining burnout and self-care within the context of the social work agency. Quantitative data was evaluated using descriptive and inferential statistics. Qualitative data was analyzed and coded using grounded theory methodology. There were no significant quantitative findings. Qualitative findings were congruent with current research on contributing factors to self-care and burnout; themes of support and flexibility to support social workers in maintaining self-care and combating burnout were prevalent in qualitative findings. Future more extensive research can be done to better operationalize the components of a work environment that is supportive of self-care.

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### Agency Support for Self-care and Burnout among Licensed Social Workers

Social workers face their daily stressors and can experience secondary trauma through exposure to the trauma of their clients, which can lead to burnout and a decrease in social workers' commitment to the profession. According to Cox (2013) work related stress has the potential to take a serious toll on the well-being of social workers in all aspects of their lives. There are many different definitions for self-care and within a more general definition of self-care there are many different sub categories, including: physical, psychological, emotional, spiritual, professional, and balance. Cox (2013) also cites a 2011 national poll which was conducted by the American Psychological Association (APA); results of which were that 36 percent of workers experienced regular work related stress. The same study indicated that 43% of employees were concerned about heavy workloads, 40% had concerns about unrealistic expectations of their job, and 39% reported that working long hours contributed to stress.

The work-related satisfaction of helping people, achieving change and improvement, and promoting their growth has an impact on the behavior of social workers and their desire for continuing in their work. Acker (1999) suggests that work related or job satisfaction is important. Acker defined job satisfaction as the positive emotional state which was a result of the appraisal of one's job and considered to be linked with characteristics of the demands placed on the employee.

Chronic stress has been identified as something that can lead to frequent burnout. Acker (1999) has defined burnout as job-related stresses causing a reaction of negative psychological experience. Symptoms which this article attributed to burnout were physical, emotional, and interactional in nature and included but were not limited to feeling emotionally exhausted, depersonalizing clients, and a lack of sense of personal accomplishment. Burnout was also

defined in a 2008 article by Kim and Stoner focusing on burnout and its relation to turnover, which cites Maslach and Jackson's (1986) conceptualization of burnout. Kim and Stoner introduce Maslach and Jackson's conceptualization of burnout as having the same three components referenced in Acker (1999) of experiencing emotional exhaustion, depersonalizing clients, and lacking a sense of personal accomplishment. Kim and Stoner indicated that much of the research on burnout since Maslach and Jackson (1986) has adopted their conceptualization of burnout (Kim & Stoner, 2008). Social workers who are experiencing burnout by definition have a lower level of job satisfaction, since those who have better job satisfaction feel that they are helping to achieve change and those who are experiencing burnout have a sense of lacking personal accomplishment. Cox (2013) suggests that abundant research has linked burnout to turnover or intent to leave in social work jobs.

Self-care has the potential to alleviate stress and combat potential burnout. Cox (2013) has defined self-care as deliberate choices that the professional makes to respond mentally, emotionally and behaviorally to stress; as well as steps taken in a social-worker's life to improve physical and mental health and well-being. According to Collins (2005), self-care has major implications on the professional, including that professionals are less able to provide care for others if they have not first met their own need. Collins further expresses that it is a responsibility as professionals that we ensure that we are capable of providing our clients with the best possible care by caring for ourselves. "We demand that clients take charge of their lives by addressing disruptive and troublesome practices. So, too, shall we demand it of ourselves" (Collins, 2005, P. 272).

The purpose of this study is to examine how the culture of a social service agency impacts the self-care of licensed social workers. In order to examine this topic this study will look at

social workers' practice of self-care within the context of their agency, and to what degree they are experiencing burnout, in order to ask the question: is there a relation between agency support and self-care, burnout and self-care, and the degree to which the type of agency impacts burnout among social workers?

## **Literature Review**

### **Burnout**

Gaining an understanding of burnout is an important first step in learning about the concept of burnout and its impact on social workers. Baker (2007) conceptualized burnout as psychological distress which can be related to work and suggested it was composed of three factors: emotional exhaustion, depersonalizing clients, and a low sense of accomplishment. "Emotional exhaustion is operationalized as feeling emotionally drained and depleted. Depersonalization refers to feeling emotionally distant from one's clients, and low personal accomplishment entails not meeting ones work related goals" (Baker, 2007, P. 465). This definition is in line with that featured in previous research including Acker (1999), and supports the assertion by Kim & Stoner (2008) of this conceptualization of burnout which was originally introduced by Maslach and Jackson (1986), and has been widely adopted in future research that addresses burnout (Kim & Stoner, 2008).

A tool called the Copenhagen Burnout Inventory has been utilized to measure burnout across a number of professions. Borritz (2006) studied human service workers; they were given the Copenhagen Burnout Inventory in order to explore levels of burnout between human service professionals who do different types of work within the human service field. In this study human service professionals included a wide array of positions both in positions traditionally considered social work and medical positions. This study made use of scale questions to



categorize a measure of burnout in areas of personal burnout, work-related burnout, and client related burnout. The study found that there was an important differentiation between client related burnout and work related burnout. Occupations that rated high in both client and work related burnout were workers in institutions for the chronically disabled, midwives, social security service social workers, and urban homecare workers. These positions tended to have higher demands placed on them by clients based on their own reporting at baseline. Burnout is something that research has shown is experienced by social workers whether it is the experience of all or some of the components of the widely accepted definition (Acker, 1999; Baker, 2007). Burnout has also been shown to have an impact on job satisfaction or the positive emotions one associates with their job (Borritz, 2006; Kristensen, 2005). Further there has been some research that has indicated a correlation between the experience of burnout and job attendance which has implications for the quality of service provided to clients (Kristensen, 2005). In an additional study that supports that burnout has an impact on professionals in mental health fields, Craig (2010) states that work-related stress has an adverse effect on those in helping professions leading to the previously defined components of burnout: emotional exhaustion, depersonalization, and feeling that the work that is being done does not have an impact.

### **Job Satisfaction**

Job satisfaction is something that research has shown to be impacted by burnout. Butler (1990) as cited by Agresta (2006) concluded that job satisfaction is important in the field of social work, because it can impact many aspects of the field including client outcomes, turnover rates, and keeping competent social workers employed in the field. This study also pointed out that being dissatisfied with a job can contribute to burnout and seeking and understanding of factors that influence job satisfaction in social work is important. Some of the factors that the

study identified as being important to school social workers are role discrepancy or a worker's perception of what his/her role is compared to duties he/she is asked to perform (Agresta 2006). Another perspective on factors of job satisfaction can be found in Cole (2004). Multiple regressions run on data collected indicated that in a population of licensed social workers, workloads were predictive of their levels of job satisfaction. In general social workers whose workloads were larger had lower levels of job satisfaction. The study also suggested that the higher the quality of the supervision a licensed social worker receives the higher their job satisfaction tends to be. Social workers who felt they had an impact and could effect change as a part of their job were satisfied even if they had a large case load (Cole 2004). The existing research suggests that job duties can have an impact on job satisfaction, and job satisfaction can have an impact on services delivered to clients.

### **Self-care**

There has been extensive research exploring self-care and its benefits for professionals. Newsome (2006) addresses the importance of self-care in an exploration of incorporating self-care curriculum into a counseling program. This research suggests that although in many ways self-care is referenced throughout the time a student is in the counseling program there was a perceived need for a course to more specifically address actual strategies to practice self-care. Newsome taught a course that incorporated mindfulness strategies as well as other methods of self-care. The data for this study was derived from student reviews that were received after each semester at the end of four years of the same course. Overall she found that the students benefited from an increased knowledge of strategies for practicing self-care in their lives, thus becoming better equipped to handle stress (Newsome, 2006). In the process of this work Newsome provided a tool to use as method of self-care teaching mindfulness techniques, and

found that it had a positive impact on the ability of the students to handle stress. A similar study by Williams published in 2010 in the Journal of Creativity in Mental Health examined perspectives on self-care; in this study four therapists tried different methods of self-care over one to two week spans. Williams points out that self-care is widely acknowledged as being important for professionals in the mental health fields; both The American Counseling Association Code of Ethics (2005) and The American Association of Marriage and Family Therapy Code of Ethics (2001) address caring for one's own personal needs in order to better serve clients. After participating in the self-care practices the therapists who took part in this study were better able to manage stress and anxiety, emphasizing that one of the big lessons from participation was the importance of balance between all the different aspects of their lives (Williams, 2010). These studies both suggest that learning and practicing self-care strategies can help a person be better equipped to manage stress. Another study that identified self-care as having a positive impact in the lives of workers was Eastwood (2008); this study done on residential care workers found that utilizing self-care practices greatly reduced the risk of burnout and impacted a worker's perception of being stressed. Further evidence that self-care practices can have a positive impact on professionals who are experiencing stress comes from Craig (2010); this study looked at burnout, compassion fatigue, and compassion satisfaction in an experienced group of mental health clinicians and found that utilizing evidence based practices of self-care helped to reduce burnout and compassion fatigue and increased compassion satisfaction.

### **Social Workers and Burnout**

Research acknowledges that burnout is a concern for social workers. Marc & Osvat (2013) conducted a qualitative study on burnout among social workers. The study concluded that

social workers interviewed were experiencing symptoms of burnout including emotional and physical exhaustion, sleep issues, feeling overwhelmed and a decreased level of job satisfaction. Participants in the study indicated that several factors contributed to experiencing burnout including professional demands, lack of supervisor and coworker support, lack of resources, time limits (Marc & Osvat, 2013). There have also been studies that focus on levels of burnout across different fields within social work, rather than sampling only workers serving a specific population. Kristensen (2005) looked at the concept of burnout through the use of the Copenhagen Burnout Inventory. This study made use of scale questions in order to categorize a measure of burnout in areas of personal burnout, work-related burnout, and client related burnout. Human service workers in a variety of settings participated; respondents were employed by a state psychiatric prison, social welfare offices, a county somatic hospital, institutions for the severely disabled, and homecare services. The study found that there was a strong correlation of .71 between client related burnout and job satisfaction. Levels of high burnout and low job satisfaction were also associated with whether a person would choose the same occupation again if given the opportunity. The study also found that burnout levels could be linked with the amount of time a worker was absent from the job finding that those who were absent more were experiencing more burnout (Kristensen, 2005). Other work also supports that burnout is an issue within the field of social work. Han, Lee & Lee (2012) studied students entering a master of social work (MSW) program who had previous experience in the field of social work. This study found that social work students were experiencing a moderate amount of emotional exhaustion as well as a moderate amount of client depersonalization.

Previous research indicates that the type of client population that a social worker works with can impact burnout and job satisfaction. Acker (1999) found that an involvement with

clients with severe mental illness (SMI) seemed to have a positive correlation for social workers experiencing emotional exhaustion as well as depersonalization. This means that social workers who work with clients with SMI experience more exhaustion and depersonalization. The study did not indicate that there was a correlation between working with clients with SMI and job satisfaction or personal accomplishment (Acker, 1999). Overall this study indicated that working with client populations with severe mental illness had a correlation with two of the three areas widely accepted as being part of the definition of burnout. In a separate study, Baker (2007) found that shelter workers working with women and children in crisis experienced a moderate amount of emotional exhaustion. The study found that workers were experiencing moderate levels of personal accomplishment stemming from the satisfaction derived from helping women and children in need. It should be noted that although the study did not find that workers were experiencing burnout, the workers were experiencing psychological distress. The study suggested that interventions for those who are experiencing distress but are not experiencing all three components as burned out are needed. This intervention is seen as an important effort made in order to be proactive in preventing burnout, as well as addressing the negative impact on service delivery to the client that can be attributed to burnout (Baker, 2007). These two studies demonstrate that working with high need clients can contribute to components of burnout, and further suggest that without intervention, service delivery to clients can be negatively impacted.

### **Social Workers and Self-care**

Existing research supports the use of self-care in alleviating and preventing stress. Collins (2005) explored spirituality as a component of self-care. The study asserts that self-care in itself can be a spiritual act and requires social workers to be self-aware of their personal stress levels

and sense of self-worth. The research also implies that there are components of religious practice that help social workers participate in self-care such as Sabbath Keeping or setting aside a day a week for rest and worship. Other suggestions of the research are finding holy silence, quieting the thoughts of the mind, expressing gratitude which forces focus on positive things in life, expressing spiritual essence acknowledging a larger purpose in life, developing compassion to show love toward others, and embracing the principle of stewardship giving to others as gifts, not as something they deserve or are entitled to. Further research on the benefits of self-care for social workers was presented in Pooler (2011) which emphasized impact of identity development in social workers and its relation to self-care. This particularly examined the identity development of Christian social workers through the concept *Imago Dei*, which is the concept that people are created in God's image. A case vignette was used to illustrate the concept. The vignette was about a young social worker who was overinvesting herself in work by working greater than 40 hours per week and taking work home and neglecting to care for her personal and spiritual life. She realized she had come to experience some burnout at a very young age and realized that she needed to seek help. She found help through being more honest with her clinical supervisor and seeking out a support group at church. She developed a better self-identity through her church support group working on her view of herself through *Imago Dei* and was able to improve her ability to practice personal and spiritual self-care (Pooler, 2011). This like the previous writings of Collins (2005), Newsome (2006), and Williams (2010) suggests that seeking tools to help with self-care can be beneficial in that process; further, Pooler's vignette to connect a social worker's experience of burnout to the need for self-care illustrates how self-care can be a tool to combat the experience of burnout (Pooler, 2011). McGarrigle (2011) also supports the effectiveness of self-care in reducing the stress of social workers. This study conducted with

twelve social workers, who did pre and post perceived stress assessments with a self-care intervention that included mindfulness, indicated that levels of stress were significantly lower after participation in the intervention (McGarrigle, 2011). Additional research that concurs with these previous findings is Dombo (2013); this research examined the use of spirituality as a tool on self-care practice; like previous studies it was found that the use of self-care was helpful for social workers in reducing their stress levels. Additional support for the use of self-care within social work practice comes from Lee and Miller (2013), which study aimed to explore previous literature to establish conceptualizations of self-care, provide a clear self-care framework, and explore the utility of self-care for social workers. It was concluded that clear self-care frameworks for both personal and professional self-care have both short and long term benefits including a reduction in stress as well as a decrease in the potential for burnout among social workers (Lee & Miller, 2013).

### **Impact of the Social Work Agency**

Previous research indicates that the agency that a social worker is employed by can have an impact on job satisfaction, burnout, and turnover. A study by Acquavita (2009) found that organizational factors play an important role as predictors of job satisfaction. Specific aspects of organizational factors that are important are supervisory support, perceptions of inclusion, personal diversity and diversity within the organization. Findings also suggested that agencies could improve job satisfaction if they incorporate better procedures and policies around support from supervisors as well as those that establish a more diverse and inclusive work environment. However, personal diversity, support from coworkers, and support from significant others were not found to be significant factors in job satisfaction. In another study, Rugulies et al (2007) looked at the psychosocial work environment and its relationship to sickness absences among

human service workers. The study concluded that the psychosocial work environment was a major contributor to the absence of human service workers due to sickness. It was also found that work environments exposing workers to violence or threats accounted for 32% of sickness related absences. This study emphasizes the role of environment in the human service workers' ability to come in and do their job, but a weakness of the study is that it focuses on client to worker exchange and does not account for support systems in the psychosocial environment. Claiborne et al. (2011) supports the idea that work environment has an impact on job satisfaction. This study, which examined child welfare workers in private non-profit agencies, found the job satisfaction and commitment to the job were greater in agencies in which autonomy, challenge and innovation within the organization are present. Another study with similar findings related to the experience of burnout among social workers is Schwartz's (2007) findings, which indicated that levels of burnout experienced by social workers who were working in private practice rather than within a larger agency had lower levels of burnout than social workers employed by a larger agency. Further research that suggests that organizational structure has an impact on a social worker's experience is Shim (2010); this research found that organizational culture and climate are significant predictors of a child welfare worker's intent to stay in their agency or leave, and employee turnover has implications for the quality of services that are delivered to clients. The study found that when there were clear and effective rewards for doing a good job there was lower chance that workers had any intent to leave and that without clear and effective rewards for work, social workers had a greater intent to leave the agency. The understanding of organizational culture and climate has the potential to have an impact on turnover and the quality of service delivery to clients (Shim, 2010).



There are studies that indicate that the support a worker received can have an impact on a workers' experience of burnout and job satisfaction. Acker (1999) explored burnout and job satisfaction among social workers working with clients with severe mental illness (SMI). Findings indicated that higher scores on the job satisfaction scale were associated significantly with having adequate support mechanisms as well as scoring lower on the emotional exhaustion scale. This indicates that social workers in environments with better support are more satisfied with their jobs and less likely to be emotionally exhausted, which is a contributing factor in burnout (Acker, 1999). Chen (2010) explored job satisfaction of child protection workers and their desire to stay in their position in relation to supervisory support. Findings of this study were consistent with other research in that self-efficacy or belief that workers are reaching goals and making an impact can be associated with job satisfaction. This study also found that high supervisory support was an important factor in child protection workers having the desire to remain in their jobs. Conclusions drawn in the discussion of this study were that hiring properly educated individuals who have a high sense of self-efficacy and providing them with good supportive supervision are proper steps to take in order to retain workers in child protection (Chen, 2010). Both of these studies suggest that having good supervisory support has a positive impact on the social worker practicing in a difficult service, whether working with clients who have severe mental illness or working in child protection. Further evidence to reinforce that the agency has an impact on a social worker can be found in Kim (2011); this study examined child welfare workers in different types of settings and found that supervisory support and job demands had a larger impact on the stress levels of social workers than whether they worked in a private or public agency. A more recent study by Hamma (2012) also indicates that perceived supervisory support can be associated with lower levels of burnout among social workers who

are treating children and adolescents. There is further support for the significance of support within the agency having a positive impact on job satisfaction and reducing the impact of burnout on a social worker in the findings from Hombrados-Mendieta, and Cosano-Rivas (2013). This study was conducted on a sample of social workers in Spain and concluded that workplace support has an impact on the burnout and job satisfaction of social workers.

In summary burnout, job satisfaction, self-care, and agency or environmental impact have been demonstrated by previous research to be significant in the professional lives of social workers. Of particular interest is that self-care can decrease stress (Cox, 2013), and stress can contribute to burnout and consequently turnover among social workers (Acker, 1999). This research is an attempt to expand on the professional knowledge by examining self-care within the context of the social work agency in hopes to establish the impact of the agency on the practice of self-care.

### **Conceptual Framework**

The self-care needs of the social worker can be directly related to their basic needs and is therefore relatable to Maslow's Hierarchy of Needs. This theory is based on the assumption that an individual's behavior is meant to meet a need; the basic needs for existence such as food, clothing, shelter and adequate rest must be met prior to the next level of needs related to interpersonal relations can be met, and interpersonal relations must be met prior to growth (Roeckelein, 2006). This can be related to the need for social workers to address their self-care needs at a basic level before they can adequately address interpersonal situations, or adequately apply themselves to work.

The concept that the employee's satisfaction is related to his/her perceived support from his/her employer can be related to social exchange theory. In social exchange theory it is suggested that it is a human expectation that one's actions will return action on the part of another person or entity such as an agency; social exchange also suggests that when there is not a balance in a relationship and one party believes that the cost outweighs the return relationships tend to terminate (Roeckelein, 2006). The following is a case vignette illustrating social exchange theory.

### **Case Vignette**

Suzanne, who works at a private not for profit agency and is a good example of how social exchange theory applies, invests daily in her work and clients; and for the first year of her employment she receives supervision that is regular and supportive of her work with clients who have severe mental illness. Suzanne is investing in the company and the company in-turn is investing in her; there is a balance in the exchange relationship. During the next year Suzanne's supervisor changes; her new supervisor often misses and reschedules supervision sessions. Suzanne continues to try to maintain her investment in her clients and her work but is feeling stressed due to the imbalance in the exchange relationship and the decrease in investment in her by her company. Over time Suzanne experiences stress, emotional exhaustion, depersonalization of clients, and lack of accomplishment within her job leading to burnout. Suzanne decides to terminate the work relationship in order to seek out a work relationship in which her investment in her work can be matched with good company support. This supports both Maslow's hierarchy of needs and social exchange theory, since Suzanne was struggling to meet her basic needs and did not feel that the investment she was making in her job were being met with an equal investment in her.

## **Methods**

### **Research Design and Sample**

This research study explored the aspects of social workers' self-care and burnout with regard to agency support for self-care. This research was a combination of a quantitative and qualitative design, utilizing an electronic format to survey professional social workers in a variety of settings about their job satisfaction, their self-care habits, and the support they receive from their agencies in practicing self-care. As a part of the survey some basic demographic information was collected, scale questions from the Copenhagen Burnout Inventory (CBI) (Borritz, 2006) were used as part of the survey, scale questions were created by the researcher as a way to examine self-care habits, and open ended questions were used to gather qualitative information about both self-care habits and agency support for social workers to practice self-care. The electronic survey (Appendix B) featured five questions to collect basic demographic information, thirteen questions from the CBI, ten scale questions written by the researcher which relate to self-care habits, and four open-end questions exploring agency support and self-care. All survey questions were reviewed in order to determine that content is appropriate by the University of St. Thomas Internal Review Board (IRB) (Appendix C).

At the beginning of the questionnaire there were questions focused on gaining a basic understanding of the demographics of the professional social workers taking part in the study. The questions then move to scale questions to gather an idea of the self-care habits of the social workers as well questions from the CBI to establish burnout levels. Finally, open ended questions gathered information from the respondent about the way that the agency in which his/her employer approaches self-care. Open ended questions touched on three aspects of agency support for self-care and then allowed the respondent the opportunity to share pertinent

information which he/she feels may have been missed in closed-ended questions. Open ended questions included topics of structure and policy at the agency surrounding self-care. This aspect covers written policies and contract items; concrete references to self-care, such as formally offered opportunities for self-care that are not written into agency policy; and agency culture such as unwritten rules, suggestions, or things that are implied about self-care practices within the agency.

This survey was distributed to 700 licensed social workers in the state of Minnesota. Contact information for these social workers was obtained through the Minnesota Board of Social Work. A random sample of practicing social workers was selected in order to gain a view of self-care, burnout, and agency support across the state and in a variety of agency settings. This cross-sectional data gave information about the current beliefs about self-care, burnout and agency support for the practice of self-care for licensed social workers.

### **Protection of Human Subjects**

There were measures taken to protect the confidentiality of the participants consenting to take part in this study. Information on informed consent was provided at the beginning of survey, this included information on the purpose of this research study, the benefits and possible risks of participation, as well as a statement of the voluntary nature of this study (Appendix A).

Identifying information was not included in the questionnaire in order to maintain confidentiality. This study was distributed electronically via email to professional social workers from as many agencies as possible; emails were obtained through a list serve purchased through the Minnesota Board of Social Work. The email sent contained a link to an online Qualtrics survey. The name and contact information of the researcher was given to participants so they may have the opportunity to have any further questions about the research answered.

Participation in this study was entirely voluntary, questions were not personally sensitive in nature, and participants did have the option to skip any question they would not like to answer. This method of data collection also preserves anonymity, as returned surveys could not be traced to an email address or any other identifying information.

### **Data Collection Instrument and Process**

The Copenhagen Burnout Inventory and Self-Care Habits Assessment dataset was compiled through administration of a survey (Appendix B) for the purpose of gaining information on the level of burnout experienced by licensed social workers, what their self-care practices are, and how they are supported in their self-care by the agency that they work in. Survey responses to 37 quantitative questions and four qualitative responses were used to gather the data. This survey explored the extent to which licensed social workers are burned out and whether there is an association between burnout levels and self-care through scale measurements gathered by Likert scale questions. In the future researchers can review this data set in order to examine associations between self-care habits, burnout, and agency support for self-care. This survey, which was designed to be distributed electronically to 700 licensed social workers, was based on previous research and designed to derive a better understanding of burnout and self-care within the context of a social work agency.

### **Data Analysis Plan**

An analysis of this survey examined effects of self-care on burnout of social workers within the context of agency impact on self-care. Multiple variables were analyzed in order to explore the extent to which social workers were experiencing burnout, their personal practices around self-care, and their beliefs about the role of the agency in which they work and self-care.

## **Descriptive Statistics**

Demographic information was collected for this study including licensure level, agency type, gender, and number of years practicing as a social worker. There were frequency tests run and a bar chart created to illustrate licensure level, agency type, and gender. Another piece of demographic information gathered was number of years as a licensed social worker; this was explored using measures of central tendency and illustrated in a histogram.

For the purpose of this research scale scores have been utilized; these include the Copenhagen Burnout Inventory, and self-care scales which were created for this study. These were formatted as Likert scales from 1 to 5 rated questions ranging from 1 “Never” to 5 “Always”. Higher scores on the Copenhagen Burnout Inventory indicate a higher level of burnout; the scale range for burnout is 15-75, and higher scores on the self-care scales indicate a lower level of self-care; the scale range for self-care is 10-50.

## **Inferential Statistics**

This research examined whether demographic variables such as gender and years as a licensed social worker impact self-care practices. The research also examined whether social self-care impacts burnout. In order to explore demographic variables which are independent variables, and self-care practice which is the dependent variable, this research looked at a self-care scale score. Measuring relationships were done by looking at the relationship between individual demographic variables and the self-care score.

For the number of years as a licensed social worker the research question is “Is there a relationship between the number of years as a licensed social worker and self-care practice?” The hypothesis is that there is a relationship between number of years as a licensed social worker and

self-care practice. The null hypothesis is that there is no relationship between number of years as a licensed social worker and self-care practice. Data were analyzed using a correlation test and displayed on a scatterplot.

A correlation analysis was run to analyze data, in order to examine whether there is a relationship between self-care practices and the experience of burnout and to answer the question “Do self-care practices impact the experience of burnout?” The hypothesis is that self-care practices do impact the experience of burnout. The null hypothesis is that self-care practices do not impact the experience of burnout.

To look at the variable of gender the research question was “Does gender have an impact on self-care practice?” The hypothesis is that gender will have an impact on self-care practices. The null hypothesis is that gender will not have an impact on self-care practices. This data was analyzed using a two-tailed, independent samples t-test.

### **Qualitative Analysis**

To analyze qualitative data the responses to open ended questions were reviewed using inductive grounded theory techniques, identifying codes and themes among the responses. These codes are a record of patterns that appear in and data while reviewing the responses; if a code appeared multiple times it was identified as a theme. These identified themes were featured in the findings section, with quotes to support the themes. The coding technique that was used was open coding, reading line by line to identify similarities and differences (Berg, 2009). Codes were identified by the researcher by highlighting words that were seen multiple times in quotes; after codes were identified the researcher read the quotes again identifying codes that appeared many times within the quotes and using those to develop themes.



## Quantitative Findings

### Descriptive Statistics

Figure 1 represents the number of years of practice as a licensed social worker. The mean number of years practicing as a licensed social worker was 12.41, the standard deviation was 8.83.

**Figure 1**

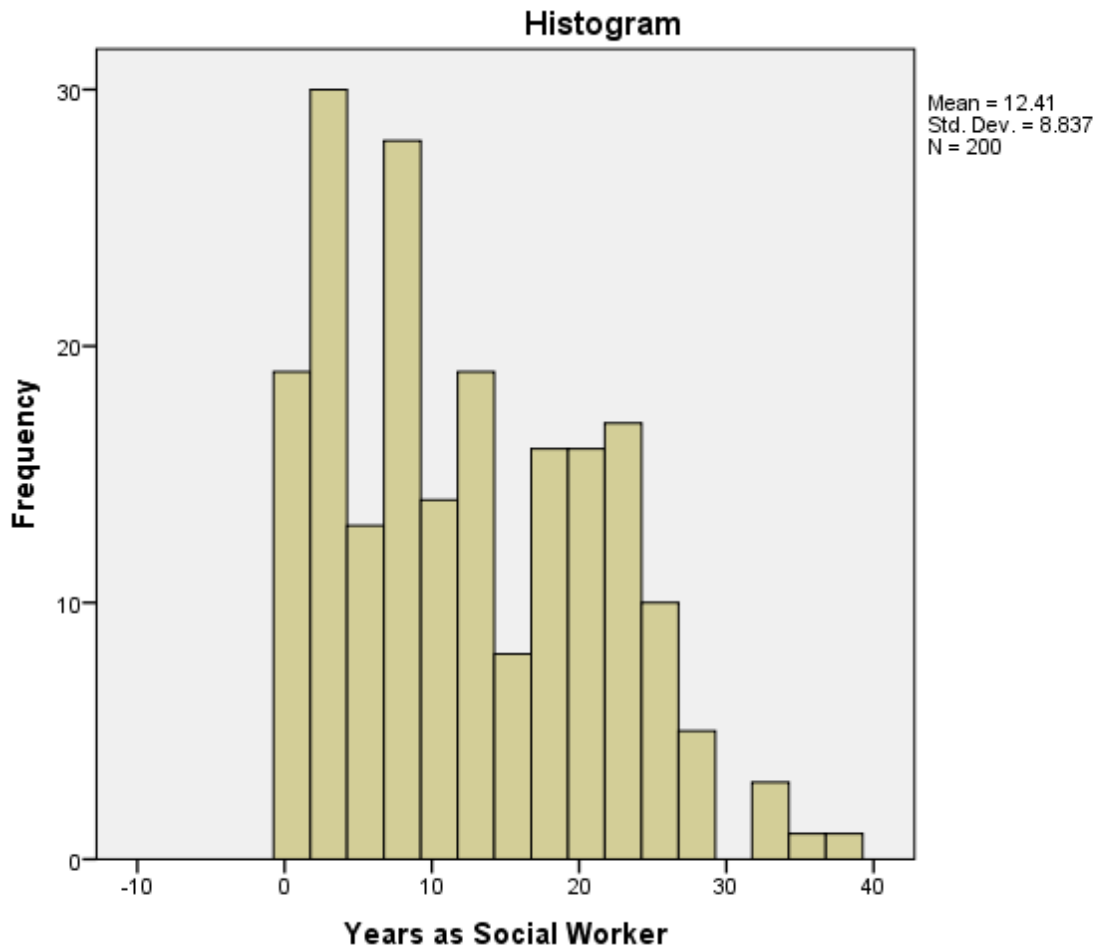


Figure 2 shows the level of licensure of the social workers who participated in this study. Of the 200 respondents 37.5% had an LSW, 24% had an LGSW, 33% had an LICSW, and 5.5% had an LISW.

**Figure 2**



Figure 3 displays the type of agencies that the respondents worked in. Of the 200 participants 24.5% indicated that they work in a medical setting, 13.5% indicated that they work in an educational setting, 26% indicated that they work in a government agency, 24% indicated that they work at a private agency not for profit, 7.5% of participants indicated that they work at a private for profit agency, 2% indicated that they have a private practice, and 2.5% indicated other.

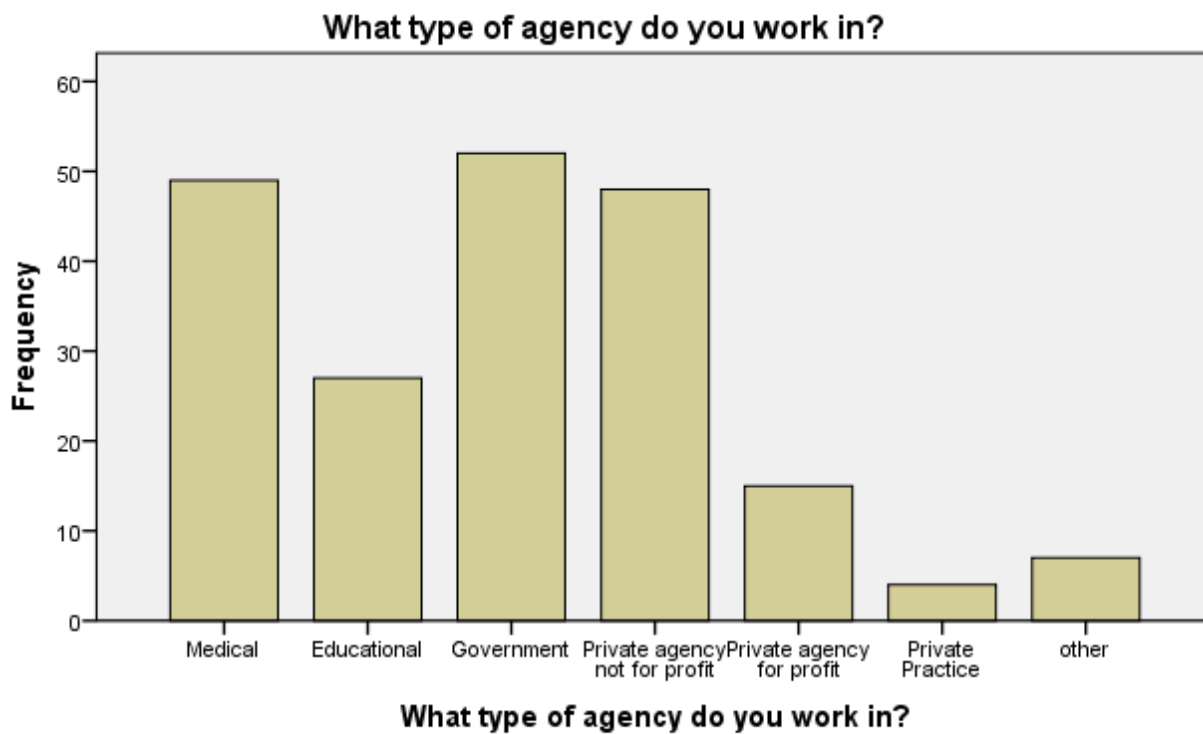
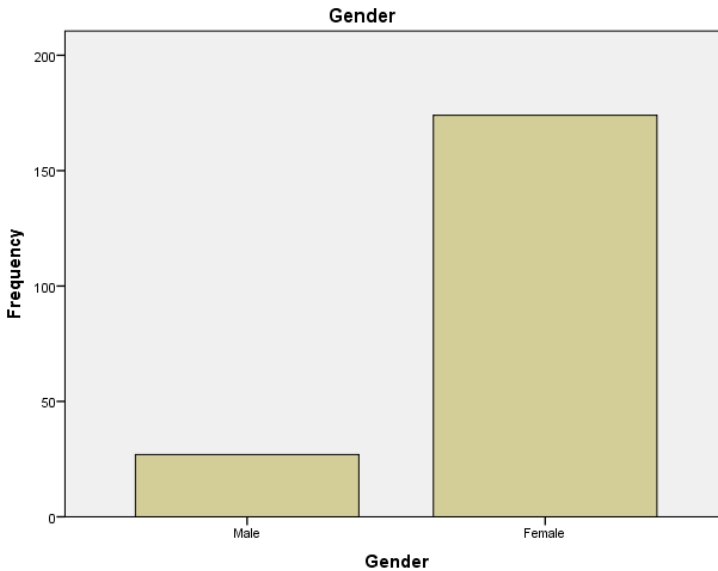
**Figure 3**

Figure 4 shows the gender of the the participants in this study of the 200 respondents:  
13.5% were male and 86.5% were female.

**Figure 4**

**Correlation.** The following research question was analyzed using a correlation and scatterplot in SPSS: What is the relationship between number of years as a practicing social worker and the self-care scale score? Tables 1 and 2 contain the descriptive statistics for and the results of the correlation analysis.

Table 1

Descriptive Statistics			
	Mean	Std. Deviation	N
Years	12.3632	9.07900	190
Self-care	27.8684	6.05867	190

Table 2

Correlations			
		Years	Self-care
Years	Pearson Correlation	1	-.017
	Sig. (2-tailed)		.819
	N	190	190
Self-care	Pearson Correlation	-.017	1
	Sig. (2-tailed)	.819	
	N	190	190

Figure 5 is a scatterplot illustrating the inferential statistics of the relationship between the variables of 'Years Practicing Social Work' and 'Self-care Score.'

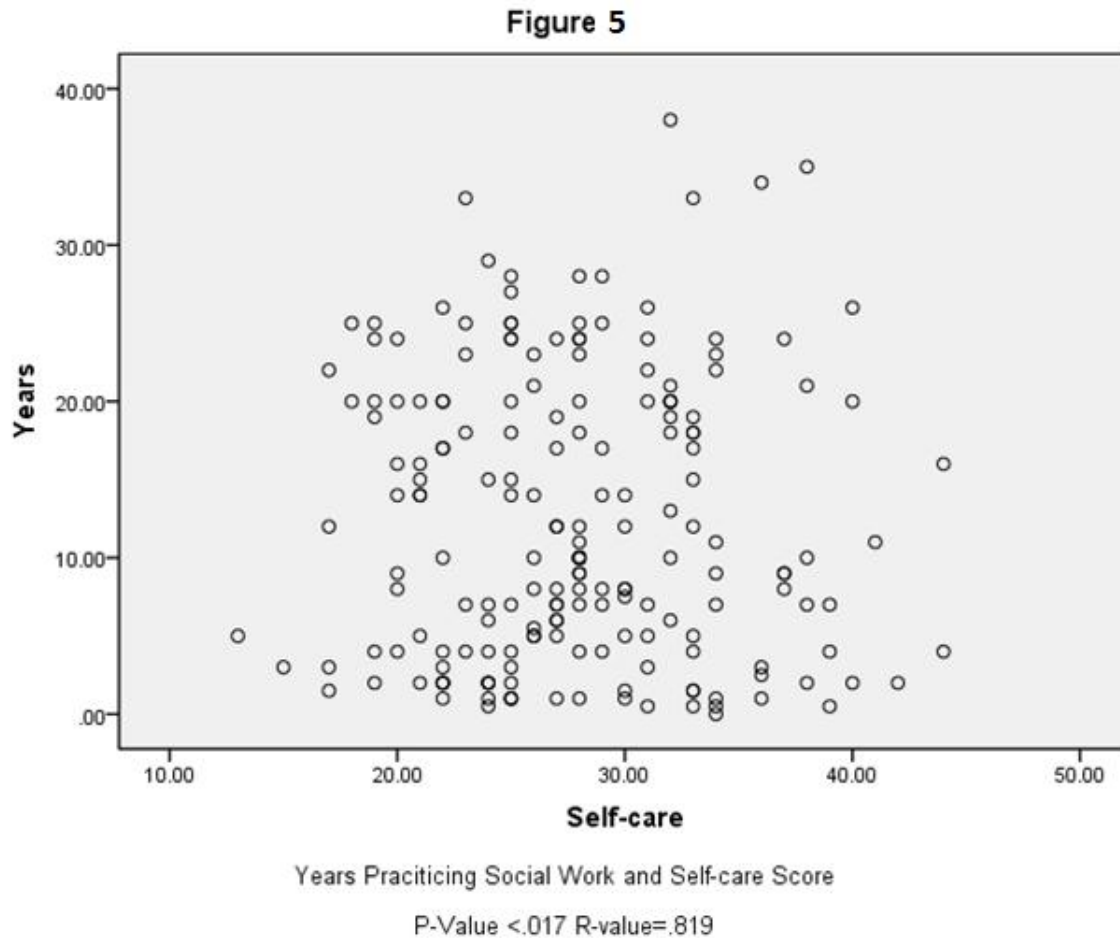


Table 2 indicates a Pearson Correlation score of  $-.01$  which represents a negative relationship between the years of practice as a licensed social worker and the self-care scale score. This indicates that as one of these scores increases the other decreases though the correlation is weak. The relationship between the two values is not statistically significant since two-tailed significance is  $.81$  which is  $> .05$ .

Based on the lack of statistical significance derived from the correlation and the relationship between the variables that is illustrated on the scatter plot the null hypothesis that

there is no relationship between the number of years practicing as a licensed social worker and the self-care scale score cannot be rejected. The hypothesis that there is a correlation between the number of years practicing as a licensed social and the self-care scale score is not supported by the calculated correlation ( $r = -.01$ ,  $p < .05$ ).

**Correlation.** The following research question was analyzed using a correlation and scatterplot in SPSS: What is the relationship between self-care scale score and the burnout scale-score? Tables 3 and 4 contain the descriptive statistics for and the results of the correlation analysis.

Table 3

Descriptive Statistics			
	Mean	Std. Deviation	N
Self-care	27.8684	6.05867	190
Burnout	44.0628	7.13156	191

Table 4

Correlations			
		Self-care	Burnout
Self-care	Pearson Correlation	1	-.129
	Sig. (2-tailed)		.078
	N	190	188
Burnout	Pearson Correlation	-.129	1
	Sig. (2-tailed)	.078	
	N	188	191

Table 4 indicates a Pearson Correlation score of  $-.13$ , which represents a negative relationship between the self-care scale score and the burnout scale score. This indicates that as one of these scores increases the other decreases. The relationship between the two values is not statistically significant since it is  $.07$ , which is greater than  $.05$ .

Based on the lack of statistical significance derived from the correlation and the relationship between the variables the null hypothesis that there is no relationship between the self-care scale score and the burnout scale score cannot be rejected. The hypothesis that there is a correlation between the number of years practicing as a licensed social and the self-care scale score is not supported by the calculated correlation ( $r = -.12$ ,  $p < .05$ ).

**Statistical difference.** SPSS was used to conduct a T-test in order to statistically analyze the question: Is there a difference between the self-care practices of respondents who are male and those who are female? Tables 3 and 4 below show the statistics from this analysis

Table 5

Group Statistics					
Gender		N	Mean	Std. Deviation	Std. Error Mean
Self-care	Male	26	27.9231	6.91620	1.35638
	Female	164	27.8598	5.93512	.46345



Table 6

Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
Self-care	Equal variances assumed	.584	.348	.049	188	.961	.06332	1.28231	-2.46525 2.59289
	Equal variances not assumed			.044	31.113	.965	.06332	1.43337	-2.83983 2.96627

The results of the T-test on Table 5 and 6 show a comparison of the mean self-care scale score among respondents who identified themselves as male and those who identified themselves as female. Respondents who are male had a mean score of 27.92 Respondents who are female had a mean score of 27.85. The respondents who are male had a slightly higher mean than those who are female, and therefore slightly better self-care practices.

There were 26 respondents who were male and they had a standard deviation of 6.91 from their mean of 27.92. There were 164 respondents who were female and they had a standard deviation of 5.93 from their mean of 27.85.

There was a Levene's Test of Equality of Variance for the independent samples T-test which was .348. The Levene's test was not significant as .348 is greater than .05. The p-value for this T-test is .961 which is greater than .05, which means that it is not statistically significant. This statistical analysis does not reject the null hypothesis and does not demonstrate that there is a difference in the self-care score between those who are male and those who are female.

## **Qualitative Findings**

The licensed social workers participating in this study were asked four open ended questions with regard to the relationship between their practice of self-care and how that practice is impacted by the agency that they work in. The questions were directed at gathering data on written agency policy, concrete examples of agency attempts to promote self-care that are not written into policy, agency culture, and any other information that respondents felt was pertinent to the impact of their employer on their practice of self-care.

### **Policy**

The first question posed to the licensed social workers participating in this study was related to the impact of agency policy on self-care. “Can you think of a way that agency policy (i.e., written rules and/or contracts between employer and employee) has an impact on your habits related to self-care? If so please state the policy and the impact it has on your self-care.” Grounded theory research methodology was used to analyze responses and identify themes this same methodology was used in all of the following qualitative analysis. Themes that were identified were availability of PTO, boundaries between work and personal time, and bureaucratic requirements.

**Availability of PTO.** The first theme that emerged was in relation to the availability of PTO. This theme was prevalent in responses both from social workers who had PTO available to them and considered it a positive part of their practice of self-care, and from those social workers who felt that their PTO policy was inadequate and had a negative impact on their ability to practice self-care. The following quotes helped to develop this theme:

*PTO (paid time off) is minimal and lumps together sick and vacation time, which encourages people not to stay home sick as often as they should in order to maximize their vacation time, and increases the spread of illness to co-workers and clients.*

*I am an independent contractor and as such have no sick time. I am required to find coverage for myself if I am sick which can be quite difficult when you're not feeling well, and there are very few others available to cover. Often I simply end up working when I shouldn't be due to illness. This can make me feel stressed and as if my employer isn't realistic or supportive.*

These responses suggest that not having adequate sick time impacts the ability to practice basic self-care; and puts social workers in the position of working while they are ill and should not be taking time off. Employees who are in a position where it is difficult to meet their basic needs need to rest and become well when they are sick; when they are not having their needs invested in by the agency, an unequal investment exchange exists.

*I work for an organization with policies that give me a lot of flexibility with my schedule and vacation/personal time (even snow days). I appreciate how these policies promote my self-care.*

*We are given a generous amount of vacation time after working here for several years, and are encouraged to use it. My supervisor is also very flexible in accommodating schedule changes when needed, related to personal issues.*

The responding social workers working in agencies with flexible generous paid time off acknowledge that having paid time off available supports them in their practice of self-care. The

quotes illustrated the agency investing in employees by compensating the employee's investment in their work with paid time off.

**Boundaries between Work and Personal Time.** The next theme identified in responses about the impact of work policy on self-care was in relation to whether there were clear and reasonable boundaries in policy regarding work time versus personal time. The following quotes were used to help identify these themes:

*I work at a state agency that allows for telecommuting. The union is also a support in making sure boundaries are supported by setting a clear contract.*

This quote illustrates that formal supports such as unions in contract negotiation and setting policy can be helpful in setting good boundaries between work time and personal time.

*I am employed as a salaried employee working full-time hours and a "varied shifts" schedule. This means that frequently we are asked to work late, odd hours, rotating nights and weekends, or come in on "off" days and do not get compensated for anything beyond a 40 hour work-week. This has also affected a prior habit of consistently putting exercise and other healthy activities into my daily routine. Also, frequently there is only one employee covering a work area so breaks and lunches are often spent multitasking.*

*Too many duties to get done in a regular 8 hour day. I am a salaried worker, so staying late is common to get all of the work done. Thus, there is little time to spend with family/friends.*

Many responses indicated that meeting the expectations and job duties that were assigned to them resulted in having to work during personal time without formal support or compensation. These expectations to be met require investment by the employee and these quotes indicate an inequality in the investment of employee and employer when additional support or compensation is not given along with additional job duties and expectations.

**Bureaucratic Requirements.** A final theme that emerged in the responses to the question about the impact of policy on the practice of self-care is that of the impact of bureaucratic requirements. The following quotes were used to help identify this theme:

*It's not the clients and the work, it's the dangerously high work load and the various Dept policies that are killing me. Our workloads are too high and the Dept is not doing anything to lower expectations in order to make it more manageable.*

*State DHS policies on "number of hits" or client contact. Makes me feel like I'm producing widgets rather than what I became a social worker for, to help people.*

*There are DHS deadlines that state that I must have documentation done within certain timelines, and there timelines are inappropriate for the type of work I do (crisis stabilization therapy) and the population I work with (children and adolescents at high risk of suicide). In order to both meet the deadlines and keep my clients safe, I have to do paperwork seven days a week just to keep up.*

*Just the constant drive/requirement to have oodles of redundant paperwork done within so many hours, regardless of how much patient care is provided.*

These responses illustrate how policies around bureaucratic requirements such as workloads, billing, and other paperwork deadlines can cause stress to social workers creating a need for self-care; while simultaneously making it more difficult to make time for self-care. The investment expected of the social worker to meet these requirements is not met with equal investment in the social workers' needs and creates an unequal exchange.

### **Agency Culture**

The second question posed to the social workers participating in this study addressed the culture within their agency in regard to self-care, "Is there a way in which the culture in your agency (unwritten rules or suggestions that are present in the functioning of the agency) has an impact on your practice of self-care? Please describe the aspect of agency culture and the impact it has on your self-care."

**Significance of Support.** The first theme identified in respect to the culture of an agency in relation to self-care is the significance of being supported in self-care practice. The following quotes were used to identify this theme:

*My agency is very supportive about self-care and treating the employees with respect and support in our professional and personal lives.*

*I work for an agency that recognizes the high stress and dangerous nature of the work department wide and therefore they offer a variety of different things to assist employees. I always feel supported and valued by my employer.*

*Yes, my agency is very numbers centered. How many clients we see, how long we were with each of them. Its all about stats. Im more of a number to them than I am a human. This has changed in the last 2 years. I used to feel valued as a human, and I loved my job.*

These quotes illustrate that feeling supported and valued is something that is significant as part of the work environment in the support of self-care. Respondents both indicated that they felt supported and this was helpful in their practice of self-care; while others did not feel supported even to the point of feeling dehumanized and acknowledged the negative impact that has had on their self-care and how they feel about their job. This support is viewed by the social worker as an investment in them by their agency an emotional acknowledgement of being human and having needs; without this support social workers do not feel that their investment in the agency is balanced with investment in their needs.

**Expectation of Working on Break and Personal Time.** The second theme identified with regard to culture of the agency was the expectation that staff work through breaks or work beyond the hours that they are compensated for. The following quotes were used to help identify this theme:

*There is definitely an unwritten expectation that direct care staff put forth in terms of extending their work time to evenings and putting in longer hours than what they are salaried for. This is not an expectation from management, however; it seems as if some staff compete with one another on how much additional time they can put in and then are quick to inform everyone at the office of this.*

*With budget cuts and reduction in staff everyone's positions are expanded to include more and more responsibilities. We are all expected to fulfill our responsibilities at a high level which takes more time than a realistic work week allows. Hourly employees are compensated for this additional time but salary employees are not. This can erode morale.*

*Pressure to work extra hours (due to either high workload, being short-staffed, or having funding restraints) makes it very difficult to practice self-care and good boundaries around scheduling. Also, many social workers don't get true breaks throughout the day and end up multi-tasking through meals, etc. Having leadership encourage and support breaks would lead to lower levels of burnout, and likely even better staff retention.*

Responses indicated that there was an expectation that staff put in whatever hours they needed to in order to fulfil obligations including work on personal time. These responding social workers acknowledged that there were many external factors contributing to this expectation that more responsibilities be taken on; however, it was also noted that these increased responsibilities and work time can negatively impact morale and contribute to burnout. In these situations social workers are expressing that their investment in the agency is greater than the agency's investment in them because they are working beyond the expectations of the job while the agency asks that the social worker fulfil obligations that interfere with the social workers ability to meet their own needs.



### Concrete Examples of Self-Care

The third qualitative question asked of participants was meant to look at concrete non-policy promotions for self-care within the social work agency, “Are there concrete references or opportunities to practice self-care within your agency? Please describe these concrete references, your participation, and their impact on self-care. Examples of these are events or promotions that are not written into policy like potlucks or sponsored optional activities.”

**No Concrete Examples.** The first theme identified from responses regarding concrete examples of the practice of self-care within the agency was that there were no concrete examples of self-care within the agency. The following quotes helped to identify this theme:

*Rarely, if there are any, they are only department-wide and the company provides NO funds towards it.*

*None that I can think of.*

*Not within my work day or that ever fits my schedule.*

*No, it is not encouraged---rather, ignored*

*NONE!*

These responses illustrate that within some social work agencies there are no concrete examples or investments in self-care to support and promote the practice of self-care for employees to meet their needs.

**Informal Gatherings.** The second theme identified from responses about whether there were concrete references or opportunities to practice self-care within the agency was informal gatherings. The following quotes helped to identify this theme:

*Baking contest and other things to get people together.*

*We occasionally have small celebrations for things like wedding and baby showers. Our agency sponsors a yearly holiday event with free food.*

*My office does celebrate birthdays with a “break for treats” and typically we have potluck luncheons on a quarterly basis.*

*We have had a couple “self-care” lunch and learn opportunities that were quite well attended. The agency makes pretty good efforts to do things around staff appreciation, e.g., lunch, etc.*

These responses indicate that there are some opportunities for social gatherings within agencies to support self-care. Celebrations that include food were acknowledged as a way to practice self-care and that agencies have shown appreciation for staff; this food and social gathering is a concrete example of an agency investing in their employees by providing food which is a basic need and encouraging socialization.

**Exercise Opportunities.** The third theme identified from responses about whether there were concrete references or opportunities to practice self-care within the agency was exercise opportunities. The following quotes helped to identify this theme:

*Yes. Yoga is offered. We have a workout room.*

*Yoga is offered for staff to pay for class once a week. There is a pool to swim.*

*We have an employee work out center.*

*Our office has exercise equipment available for employee use. There are also wellness presentations given over the lunch hour.*

These responses illustrate that some agencies support the practice of self-care in relation to physical health by providing opportunities to exercise without having to leave the workplace. These are examples of employers investing in their employees by providing opportunities for them to meet their physical needs and improve their health.

**Work Prevents Participation.** The final theme identified from responses about whether there were concrete references or opportunities to practice self-care within the agency was that work prevents participation. The following quotes helped to identify this theme:

*I am either not in the building on the day of the potluck or know I will not be available to attend.*

*Employees are encouraged to participate but the realities of some positions make it difficult to step away during a busy, unpredictable work day to take a yoga or Zumba class.*

*The agency promotes health and wellness events and spaces. These efforts promote self-care in language, but in reality it can still be hard to make use of these opportunities due to the heavy workload.*

This theme is an example of disconnect between self-care opportunities and job realities. These responses indicated that the agency has an awareness of the need for self-care and makes attempts to invest in employees basic needs by providing opportunities and talking about self-care; while concurrently having work expectations which prevent participation in self-care opportunities.

### Other Pertinent Information

The final qualitative question asked of the licensed social workers participating in this study was intended to derive any further information that they felt was pertinent to the relation between self-care and the agency that they are employed in which was not captured in previous questions. “Is there anything else that you feel is relevant information about your self-care within the perspective of how it is impacted by the agency you work in?”

**Support.** The first theme identified from responses about whether there was other relevant information about the relationship between agency and the practice of self-care is support. The following quotes helped to identify this theme:

*My skills are supported and I receive lots of affirmations from my boss and co-workers.*

*My team is very supportive. We don't judge each other when one of us is having a difficult time. We're supportive.*

*My supervisor is very supportive of my events outside of work such as choir and understands how important it is to me and how it is a part of my own self-care. She supports each team member in doing something... many things to take care of themselves even if it is leaving early one day knowing that they may not make up the hours that week. She is also ok with us working from home at times if necessary such as on a Friday when we have put in so many hours already. She will always ask what we are doing for ourselves to be healthy and well.*

*High levels of conflict makes staff emotionally drained. Recommendations often affect the rest of a child's life and there is a need to "get it right". I try to walk daily to relieve stress. Lack of support is sometimes evident.*

*We are a nonprofit organization and the culture for us is to work with undocumented clients and very high-risk kids with the minimum support for what is needed to serve our clients.*

These responses are examples of the positive impact of feeling supported within the social work agency and the negative impact of lack of support can have on a social worker. Respondents who indicated that they had good support felt it had a significant enough impact on positive feelings about their job to warrant commenting on that; they felt that through this support they and their basic needs were acknowledged. Those who did not receive good support discussed an investment in client needs but not an investment by their agency in the needs of employees.

**Flexible Schedule.** The second theme identified from responses about whether there was other relevant information about the relationship between agency and the practice of self-care is flexible schedule. The following quotes helped to identify this theme:

*Best is ability to adjust my schedule w/o questions.*

*I appreciate that I can set my own hours and start my day early to work done on the computer (an MDS or care plan) when there is less activity in the building. I think agencies offering this type of flexibility definitely helps people to be more effective workers and, in turn, take care of themselves.*

*The agency has a culture of allowing for flexible schedules – not a strict 8 to 5.*

Social workers with flexible schedules acknowledged that having this flexibility has a positive impact on their ability to practice self-care; this is a way in which the agency invests in the worker allowing the employee to meet their needs.

**Emphasis/Acknowledgement of Self-Care.** The third theme identified from responses about whether there was other relevant information about the relationship between agency and the practice of self-care is emphasis/acknowledgement of self-care. The following quotes helped to identify this theme:

*It is not addressed very well. I do get my summer off (bonus for working in the schools), but it is much needed after a school year. Plenty of sick days are provided each year (15days, 2 personal), but I feel guilty for taking them sometimes-not by employer, but by self.*

*It is not stressed enough.*

*I think our agency would benefit from paying more attention to worker's self-care as a priority; it might keep staff in jobs longer.*

*My agency doesn't even highlight the importance of self-care in staff meetings. Every once in a while you will hear someone say, "find me if you need a break", however, there is no discussion how burnout can and does affect the employees at my agency. So I think incorporating a group discussion about burnout and self-care, even if it is just to understand everyone's definitions of the two, would be beneficial.*

These quotes illustrate that social workers would like to have greater acknowledgement of self-care and burnout within their agencies. It is interesting to note the sense of guilt for practicing self-care indicated by one of these quotes. This guilt might allude to something within the culture of social work, or a need for dialogue about self-care being an acceptable and needed practice to reduce the sense of guilt. Overall, this sense that self-care acknowledgement should be increased indicates that social workers would like their basic needs to be acknowledged as a form of their agency investing in them.

**Personal Responsibility.** A final theme identified from responses about whether there was other relevant information about the relationship between agency and the practice of self-care is personal responsibility. The following quotes helped to identify this theme:

*Bottom line... it is a personal choice on how I choose to manage this, despite all other efforts by agency. Some of us are driven individuals (with maybe an excessive level of commitment to the field which causes one to lose some perspective).*

*There is a high level of burnout in the child protection field due to the nature of the work. People that have "lasted" in this work have usually figured out a way to separate themselves from their jobs and "recharge" on a vacation or days off. It is very important in the social work field, particularly in a field like child protection, to take care of yourself as a worker.*

*It is important to keep what you need in mind as a priority. The system may be frustrating but it doesn't have to affect you personally if you learn to keep it all in perspective. "You" come first so if the agency doesn't recognize the*

*importance of self-care then one must initiate or keep self-care as a part of their daily practice.*

*I don't rely on my agency to teach me about self-care. I do it myself. I used to get more burned out but now I am more disciplined about not working too much or taking things home with me.*

These quotes portray a sense that the investment in a social worker's basic needs is an endeavor for which they personally are solely responsible. These responses depict that the social workers do not expect to be invested in by their agency with regard to self-care.

### **Discussion**

The quantitative findings did not have any statistically significant results concluding that gender did not have an impact on self-care practices, and that there was not a significant correlation between self-care and burnout. The finding that there is not a significant correlation between self-care and burnout is not consistent with previous research which indicates that self-care impacts burnout (McGarrigle, 2011; Pooler, 2011) Though it should be noted that the p value was .07 and that is close to significance which is  $<.05$ . A small sample size could account for the discrepancy between this and previous research.

A theme that was both present in the review of the existing literature and very prominent in the qualitative responses in this research was that of support. Support from supervisors and coworkers was identified as a theme for more than one qualitative responses. The idea that support is an integral part of a social worker's stress management was also very prominent in the literature; Hamm (2013) indicated that support was a factor present for social workers who experienced lower levels of burnout.



Another theme that was not quite as prominent though still worth noting is the concept that self-care is a personal responsibility of the social worker. This concept both appeared as a theme in the qualitative responses of participants in this study and as implication in the existing research. As noted in the literature review Collins (2005) suggests that professionals in the social work field are responsible for rendering themselves capable of providing good services by properly caring for themselves. Respondents to the study indicated a similar paradigm of the importance of recognizing care for oneself as a priority; also indicated in these responses was the implication that one should not rely on the agency for guidance on self-care and to practice more self-determination as a professional in the process.

Further these findings have extended existing research by providing information about the culture of self-care in social work as well as better operationalizing social workers needs in regard to self-care. This information can be used as basis for future research on how to better implement and explore self-care as a community process within an agency.

### **Strengths and Limitations**

This survey served as a quality method to collect data on the self-care and burnout of licensed social workers within the context of the agency that they are employed in; due to the ability for potential researchers to examine potential relationships between self-care, burnout, and agency type. This survey was only distributed to licensed social workers in the state of Minnesota, which limits the generalizability beyond this demographic area. A larger research pool would be justified for future research as this sample size was relatively small in comparison with the number of licensed social workers.

### **Implications for Future Research**

In light of support having been identified as an important factor in self-care and burnout among social workers; both by previous research and the qualitative responses in this study; further research in relation to support is warranted. Research that could inform social work practice might operationalize support and what a supportive work environment looks like, and develop a tool that could be used within agencies to gather information on what their employees needs for support are in order to advise practice and policy within agencies. Other means by which support might be explored or implemented is through formal support like unions, possibly to examine the impact of union involvement on perceived support, self-care, and burnout.

Another area that future research should explore is that of how self-care is defined by practicing licensed social workers as well as their attitudes toward self-care. The varying attitudes toward self-care included responses that indicated that some social workers feel that self-care is a personal responsibility rather than something for which the community is responsible. The mantra that self-care is solely the responsibility of the individual could dictate policy, which has the potential to have a negative impact on the ability of social workers to practice self-care.

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## **Appendix A**

### **CONSENT FORM**

#### **UNIVERSITY OF ST. THOMAS**

##### **Social Workers Self-care and Burnout in the Context of the Agency**

[549532-1]

I am conducting a study about self-care and burnout in licensed social workers within the context of the social work agency. I invite you to participate in this research. You were selected as a possible participant because you are a licensed social worker in the state of Minnesota. Please read this form and contact me with any questions you may have before agreeing to be in the study, and proceeding with the electronic survey that follows.

This study is being conducted by: Catherine Wyman LSW, Lance Peterson, Ph.D., LICSW.

#### **Background Information:**

The purpose of this study is: to examine how the culture of a social service agency impacts the self-care of licensed social workers. In order to examine this topic this study will look at social workers' practice of self-care within the context of their agency, and to what degree they are experiencing burnout, in order to address the question: is there a relation between agency support

and self-care, burnout and self-care, and the degree to which the type of agency impacts burnout among social workers?

**Procedures:**

If you agree to be in this study, I will ask you to do the following things: complete an electronic survey containing five demographic questions, twenty-three scale questions, and four open-ended questions.

**Risks and Benefits of Being in the Study:**

The risk in participation in this study is the possibility of experiencing strong emotional response when answering questions about self-care and burnout.

There are no direct benefits to participating in this study.

**Confidentiality:**

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include non-identifiable electronic data which will be kept on a password protected computer my research chair and I will be the only people who have access to this data. Data will be destroyed on May 19, 2014.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until you click the submit button on the electronic survey. Should you decide to withdraw data collected about you will not be

collected, data cannot be identified by the researcher after you have clicked submit so withdrawal of participation after submitting the survey is not possible. You are also free to skip any questions included in the survey.

**Contacts and Questions**

My name is Catherine Wyman. You may ask any questions you have by contacting me at [wyma8121@stthomas.edu](mailto:wyma8121@stthomas.edu) or (763) 742-8822. If you have questions later, you may contact me at [wyma8121@stthomas.edu](mailto:wyma8121@stthomas.edu). You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**Statement of Consent:**

By participating and submitting this electronic survey I am acknowledging that I have read and understand the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age.

## Appendix B

### Online Survey

You are being invited to participate in a research study titled *Agency Support for Self-Care and Burnout among Licensed Social Workers*. This study is being done by *Katie Wyman* from St. Catherine University and the University of St. Thomas. You were selected to participate in this study because *you are a licensed social worker*.

The purpose of this research study is *to examine the impact of the agency of employment on a social worker's self-care practices and their degree of burnout*. If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey/questionnaire will ask about *your self-care practices in relation to work, your understanding and perception of how self-care is or is not supported within the culture in your agency, and* questions related to the experience of burnout, it will take you approximately 20 minutes to complete.

You do not directly benefit from this research.

We believe there are limited risks associated with this research study; however, as with any online related activity the risk of a breach is always possible. To the best of our ability your answers in this study will remain confidential. We will minimize any risks by having a survey that is not traceable to a particular respondent, electronic and paper data other than the final research paper and findings will be deleted or shredded by June 30, 2014.

Your participation in this study is completely voluntary and you can withdraw at any time. You are free to skip any question that you choose.

If you have questions about this project or if you have a research-related problem, you may contact the researcher(s), *Katie Wyman (763)742-8822 [wyma8121@stthomas.edu](mailto:wyma8121@stthomas.edu)*.

By clicking “submit” below at the end of this survey you are indicating that you have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

Gender

- Male
- Female
- Transgender
- \_\_\_\_\_

Licensure

- LSW
- LGSW
- LISW
- LICSW

Number of Years Worked as Licensed Social Worker \_\_\_\_

Primary Population Served \_\_\_\_\_

## Agency Type

- Medical
- Educational
- Government
- Private agency not for profit
- Private agency for profit
- Private practice
- \_\_\_\_\_

Can you think of a way that agency policy (i.e., written rules and/or contracts between employer and employee) has an impact on your habits related to self-care? If so please state the policy and the impact it has on your self-care.

Is there a way in which the culture in your agency (unwritten rules or suggestions that are present in the functioning of the agency) has an impact on your practice of self-care? Please describe the aspect of agency culture and the impact it has on your self-care. .

Are there concrete references or opportunities to practice self-care within your agency? Please describe these concrete references, your participation, and their impact on self-care. Examples of these are events or promotions that are not written into policy like pot lucks or sponsored optional activities.

Is there anything else that you feel is relevant information about your self-care within the perspective of how it is impacted by the agency you?

Scale Questions Never/Almost Never (1) Seldom (2) Sometimes (3) Often (4) Always/Almost Always (5)

I check my work correspondence during personal time

I bring work home with me and complete it during personal time

I work more hours than I am scheduled/ paid for on a weekly basis

I change personal plans in order to accommodate the needs or requests of those I serve at work

I take vacation time without responding to work correspondence

I take time to sit and eat 3 meals per day without multitasking

I take the time for short breaks during my workday

I feel supported by my agency in my efforts to participate in self-care

I make time to exercise weekly

I take time to work on my spiritual health weekly

Copenhagen Burnout Inventory (English

version) Questions on survey will be in mixed order to avoid stereotyped responses

Work-related burnout; and total score on this scale will be used to assess burnout.

Definition: Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

Questions:

1. Is your work emotionally exhausting?
2. Do you feel burnt out because of your work?
3. Does your work frustrate you?
4. Do you feel worn out at the end of the working day?
5. Are you exhausted in the morning at the thought of another day at work?
6. Do you feel that every working hour is tiring for you?
7. Do you have enough energy for family and friends during leisure time?

Response categories:

Three first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

Last four questions: Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question.

Scoring as for the first scale. If less than four questions have been answered, the respondent is classified as non-responder.

Client-related burnout

Definition: Client-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients\*.

\*Clients, patients, social service recipients, elderly citizens, or inmates.

Questions:



1. Do you find it hard to work with clients?
2. Do you find it frustrating to work with clients?
3. Does it drain your energy to work with clients?
4. Do you feel that you give more than you get back when you work with clients?
5. Are you tired of working with clients?
6. Do you sometimes wonder how long you will be able to continue working with clients?

Response categories:

The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

The two last questions: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring as for the first two scales. If less than three questions have been answered, the respondent is classified as non-responder.

## Appendix C

### Institutional Review Board



UNIVERSITY of ST. THOMAS

Institutional Review Board - University of St. Thomas  
2115 Summit Ave. - Mail #AQU319  
St. Paul, MN 55105-1078  
Phone: 651-962-5341 - Email: [irb@stthomas.edu](mailto:irb@stthomas.edu)

DATE: February 5, 2014

TO: Catherine Wyman  
FROM: University of St. Thomas Institutional Review Board

PROJECT TITLE: [549532-1] Social Workers Self-care and Burnout in the Context of the Agency

REFERENCE #:  
SUBMISSION TYPE: New Project

ACTION: APPROVED  
APPROVAL DATE: February 5, 2014  
EXPIRATION DATE: February 5, 2015  
REVIEW TYPE: Exempt Review